

**Eldon R-1 School District  
OSBA Health Benefit Association Trust  
Health Insurance Benefit Plan Options  
Effective July 1, 2017**

**PPO OPTIONS**

**\$1,000 Deductible PPO** (Old Option 2) : In Network Benefits: \$1,000 Single/\$3,000 Fam Deductible, Cost-share 80/20, Copay's: \$30/\$50 OV Copay, \$250 ER/\$75 Urgent Care, RX \$10/\$35/\$75, OOP Maximum: \$4,000 Single/\$8,000 Fam. \*Live Health Online \$20 Copay.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$520.16	\$109.25	\$195.16
Emp/Spouse	\$1,066.33	\$655.42	\$741.33
Emp/Child	\$780.24	\$369.33	\$455.24
Emp/Children	\$910.29	\$499.38	\$585.29
Emp/Family	\$1,430.45	\$1,019.54	\$1105.45

**\$1,500 Deductible PPO** (Old Option 3) : In Network Benefits: \$1,500 Single/\$4,500 Fam Deductible, Cost-share 80/20, Copay's: \$30/\$50 OV Copay, \$250 ER/\$75 Urgent Care, RX \$10/\$35/\$75, OOP Maximum: \$4,500 Single/\$9,000 Fam. \*Live Health Online \$20 Copay.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$490.29	\$79.38	\$165.29
Emp/Spouse	\$1,005.09	\$594.18	\$680.09
Emp/Child	\$735.43	\$324.52	\$410.43
Emp/Children	\$858.00	\$447.09	\$533.00
Emp/Family	\$1,348.29	\$937.38	\$1,023.29

**\$2,000 Deductible PPO** (Old Option 4) : In Network Benefits: \$2,000 Single/\$6,000 Fam Deductible, Cost-share 70/30, Copay's: \$30/\$50 OV Copay, \$250 ER/\$75 Urgent Care, RX \$15/\$45/\$75, OOP Maximum: \$5,000 Single/\$10,000 Fam. \*Live Health Online \$20 Copay.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$450.24	\$39.33	\$125.24
Emp/Spouse	\$923.00	\$512.09	\$598.00
Emp/Child	\$675.36	\$264.45	\$350.36
Emp/Children	\$787.93	\$377.02	\$462.93
Emp/Family	\$1,238.17	\$827.26	\$913.17

**\$2,500 Deductible PPO** (Old Option 6) : In Network Benefits: \$2,500 Single/\$7,500 Fam Deductible, Cost-share 70/30, Copay's: \$25/\$50 OV Copay, \$250 +30% ER/\$75 Urgent Care, RX \$15/\$45/\$75, OOP Maximum: \$6,000 Single/\$12,000 Fam. \*Live Health Online \$15 Copay.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$422.43	\$11.52	\$97.43
Emp/Spouse	\$865.97	\$455.06	\$540.97
Emp/Child	\$633.64	\$222.73	\$308.64
Emp/Children	\$739.25	\$328.34	\$414.25
Emp/Family	\$1,161.67	\$750.76	\$836.67

## **HSA OPTIONS**

**\$3,000 Deductible HSA** (Old Option 5) : In Network Benefits: \$3,000 Single/\$6,000 Fam Embedded Deductible, Cost-share 100%, Copay's (AFTER deductible is met): \$25/\$50 OV Copay, \$250 ER/\$75 Urgent Care, RX \$10/\$35/\$60, Limited Preventative RX Coverage Available Up Front; OOP Maximum: \$4,500 Single/\$9,000 Fam.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$399.61	-\$11.30 (deposited to HSA account)	\$74.61
Emp/Spouse	\$819.19	\$408.28 (and \$11.30 deposited to HSA account)	\$494.19
Emp/Child	\$599.41	\$188.50 (and \$11.30 deposited to HSA account)	\$274.41
Emp/Children	\$699.31	\$288.40 (and \$11.30 deposited to HSA account)	\$374.31
Emp/Family	\$1,098.92	\$688.01 (and \$11.30 deposited to HSA account)	\$773.92

**\$5,000 Deductible HSA** (Old Option 7) : In Network Benefits: \$5,000 Single/\$10,000 Fam Embedded Deductible, Cost-share 100%, NO Office Visit Copay, NO ER Copay, \$10/\$35/\$75 RX Copay AFTER Deductible is met, Limited Preventative RX Coverage Available Up Front; OOP Maximum: \$6,050 Single/\$12,100 Fam

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$381.93	-\$28.98 (deposited to HSA account)	\$56.93
Emp/Spouse	\$782.95	\$372.04 (and \$28.98 deposited to HSA account)	\$457.95
Emp/Child	\$572.89	\$161.98 (and \$28.98 deposited to HSA account)	\$247.89
Emp/Children	\$668.37	\$257.46 (and \$28.98 deposited to HSA account)	\$343.37
Emp/Family	\$1,050.30	\$639.39 (and \$28.98 deposited to HSA account)	\$725.30

**\$6,500 Deductible HSA** (New Option): In Network Benefits: \$6,500 Single/\$13,000 Fam Embedded Deductible, Cost-share 100%, NO Office Visit Copay, NO ER Copay, NO RX Copay, Limited Preventative RX Coverage Available Up Front; OOP Maximum: \$6,500 Single/\$13,000 Fam

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$362.51	-\$48.40 (deposited to HSA account)	\$37.51
Emp/Spouse	\$743.15	\$332.24 (and \$48.40 deposited to HSA account)	\$418.15
Emp/Child	\$543.77	\$132.86 (and \$48.40 deposited to HSA account)	\$218.77
Emp/Children	\$634.39	\$223.48 (and \$48.40 deposited to HSA account)	\$309.39
Emp/Family	\$996.90	\$585.99 (and \$48.40 deposited to HSA account)	\$671.90

**\*\*NOTE: The above is informational only. Please refer to online information and pricing during enrollment for actual coverage and rates.**